


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90163 016 ****50.00

DOCUMENT # L03000040140		
1. Entity Name JSM HOLDINGS, LLC		

Principal Place of Business 80 EAST 2ND ST. KEY LARGO FL 33037	Mailing Address PO BOX 1782 TAVERNIER FL 33070
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2. Principal Place of Business 19 LAKE SHORE DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State KEY LARGO, FL	City & State
Zip 33037	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 20-0336921		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LACKEY, MAUREEN M 193 N. COCONUT PALM BLVD. TAVERNIER FL 33070		7. Name and Address of New Registered Agent Name LACKEY, MAUREEN M. Street Address (P.O. Box Number is Not Acceptable) 32 OCEAN DR City KEY LARGO FL Zip Code 33037

*ADDRESS
CHANGED*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LACKEY, MAUREEN 193 N. COCONUT PALM BLVD. TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LACKEY, MAUREEN 32 OCEAN DRIVE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGLETON, JOHN 19 LAKESHORE DR. KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGLETON, SUSAN 19 LAKESHORE DR. KEY LARGO FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan Singleton 2-9-05 (305) 451-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #